

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO 12 667669	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AS FILED*		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10	1						60						
11		2					61						
12		2					62						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		2					TOTAL IND.						
TOTAL DEP.		22					TOTAL DEP.						
TOTAL CLAIMS		24					TOTAL CLAIMS						